

Public Health Mission

to the

SOVIET UNION

AN “almost explosive extension” of disease prevention and medical care has taken place in the Soviet Union but the quality of service falls short of that found in the United States, according to the report of a mission of five American physicians who visited the Soviet Union late in 1957 under the U.S.-U.S.S.R. exchange program.

With the objective of studying public health problems and practices, the group traveled 8,500 miles and visited 61 institutions in 9 cities in 5 of the Soviet Republics during the period August 13–September 14, 1957. They found that medical care in the Soviet Union has been “tackled with vigor.” There is a high ratio of physicians, and many hospitals have been built to serve the cities and rural areas. The group also found, however, that the Soviet Government has deliberately focused on quantity and widespread coverage of personnel and services at the expense of quality.

The report states that Soviet medical establishments are “antiquated or jerry-built” in contrast with those in the United States. It points out, however, that there are “certain ingredients in their political system and in their ability to accomplish mass transfer of brain and brawn from one field of endeavor to another which could permit astonishingly rapid changeover and developments in medicine as impressive as the appearance of Sputnik.”

Pestilential diseases and the diseases of filth have been substantially brought under control. Malaria as a significant health problem is on the way to eradication. Venereal disease has

been mastered, but tuberculosis remains a plague.

Types of institutions visited included administrative public health headquarters, industrial health services, medical teaching institutes, “medium-medical schools,” medical research institutes, local public health facilities, sanitary-epidemiological stations, urban and rural health centers, child nurseries (“creches”), rest homes, city markets, industrial plants, collective farms, and a number of other special medical facilities and institutions.

Other findings of the mission include:

- The health program of the Soviet Union is, like all programs, subject to the needs of the state and is therefore circumscribed by a series of allocations and goals. The health program is an instrument of state policy because the Soviet Union recognizes the importance of having a healthy working class if it is to achieve its major goals.

- Women represent the majority of practicing physicians in the Soviet Union.

- Medicine is considered an important but not a primary contributor to the Soviet economy. The average Soviet physician does not enjoy the same status as a Soviet engineer.

- The number of physicians trained annually exceeds the number trained in the United States, but the quality of basic training is at a much lower level.

- Clerical help and office equipment of the kind found in United States medical facilities are regarded as “unheard-of luxuries.”

- The Soviet Union's system of medical care does not provide for free choice of physician by the patient, nor does it usually allow the physician to select his place of practice.

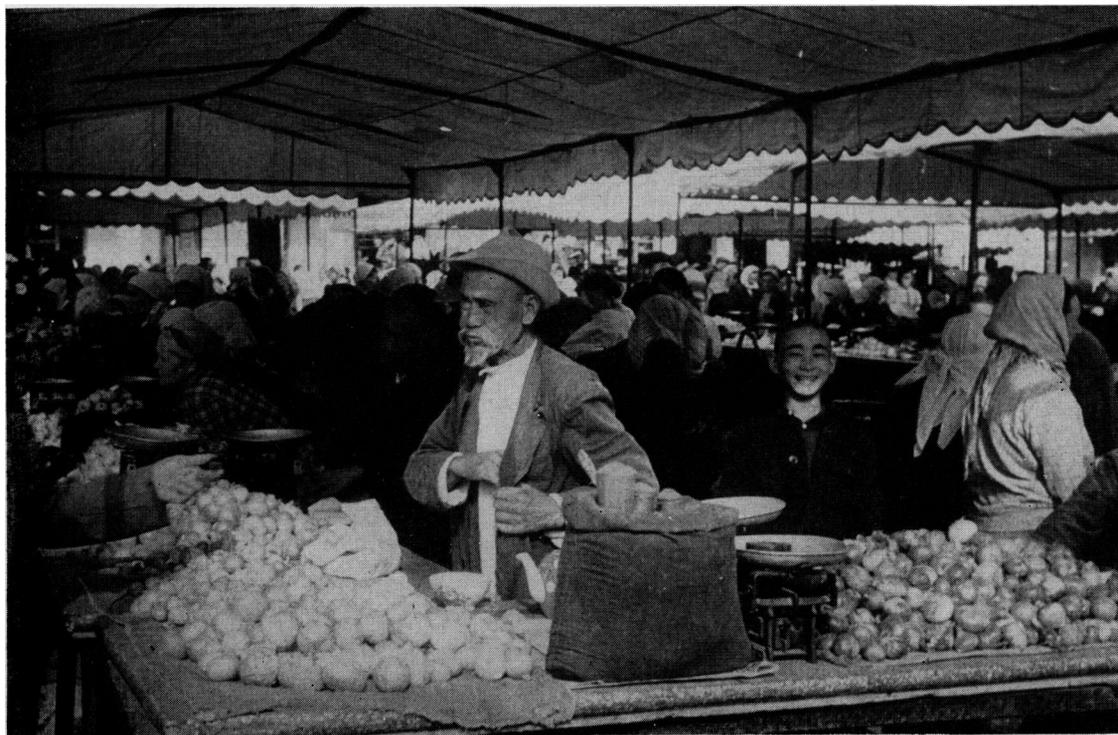
- Soviet medicine is, to a large extent, dependent upon clinical diagnosis with a minimum of laboratory support. The Soviet pharmacopeia in practice is much more limited in quantity and quality than that in the United States as to range of available antibiotics and chemotherapeutic agents.

- The Soviet Union is giving high priority to the extension of medical care and the improvement of health. Health and medical services are provided without cost to all citizens of the Soviet Union.

- Special attention is given to mothers prior to delivery of their children and during the postpartum period. Facilities are widely provided for daytime care of preschool children so that mothers can be released for work. Health departments are taking an active part in city planning from the standpoint of sanitation and health facilities.

The five-man mission consisted of Dr. Thomas Parran, chairman, former Surgeon General of the Public Health Service (1936-1948), now president and trustee of the Avalon Foundation, New York City; Dr. Otis L. Anderson, Assistant Surgeon General for Personnel and Training, Public Health Service; Dr. Henry van Zile Hyde, Assistant to the Surgeon General for International Health, Public Health Service; Dr. Malcolm Merrill, California State director of public health; and Dr. Leonid S. Snegireff, associate professor of cancer control, Harvard School of Public Health.

The mission's findings are contained in "The Report of the U.S. Public Health Mission to the Union of the Soviet Socialist Republics" (Public Health Service Publication No. 649). It may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C., at 45 cents a copy. Single sample copies may be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D.C.



A typical market scene and food displays in the Asian Republics, where farm produce is sold for private profit in the open market.



Cambodian School

The teaching staff of the new school of nursing and midwifery in Phnom Penh is entirely Cambodian. Two nursing education advisers of the World Health Organization were asked, as a courtesy, to teach certain classes, but the school is almost wholly a Cambodian undertaking. Three of the faculty members are former trainees sponsored by the U.S. Operations Mission. Another trainee, who is studying nursing education in Montreal, Canada, will head the midwifery section of the school when she returns.

—CARLETON B. WHITE, M.D., *chief, Public Health Division, U.S. Operations Mission, Cambodia.*

House of Earth

A self-help plan is assisting city dwellers in Brazil to build and own their own homes at a cost of \$135 for materials. Serviço Especial de Saúde Pública has adapted to municipalities the aid system traditional in farming areas. A prefeitura, or municipal government, after creating the self-help service by municipal law, signs an agreement with SESP for administrative operation of the project by SESP engineering, public health education, and other staff members.

The houses, built according to minimum standards under this pilot project, have two rooms and a veranda which serves as kitchen and living room. Walls are of soil-cement blocks made by machine and compacted by the people themselves. The city grants the land, and materials are bought from a rotating fund made up of annual contributions from SESP and the municipality. The owner has 4 years to repay the loan; afterwards he owns the house he helped to build.

The Serviço has published "Casa de Terra," by Alvaro Milanez, technical consultant to SESP, which indicates some of the techniques, such as

rammed earth, adobe, wattle and daub, sod, and soil-cement, used in earth construction. The booklet is not a construction manual but is designed as a guide for public health workers and technicians in assisting those who want to build or improve dwellings. "Casa de Terra" can be obtained through the Health and Sanitation Division, U.S. Operations Mission, Brazil, for 50 cents a copy.

—E. ROSS JENNY, M.D., *chief, Health and Sanitation Division, U.S. Operations Mission, Brazil.*

Male Prerogative

Only the men became ill after a community birthday party in Songsa Ri, Korea, where the 400 villagers all have the same name and are all related to each other in some way.

At the invitation of the director of the Wondong health center, I went to investigate the outbreak; 38 men were still extremely sick 1 or 2 days after the celebration. I discovered the fried pork served at the party came from two pigs. One had died of natural causes, and the other had been ill prior to slaughter. *Salmonella* organisms were later isolated.

None of the women or children were ill because the men of Songsa Ri, following the custom of rural Korea, had dined first and eaten all the pork.

—WALDO SMITH, *sanitarian, U.S. Operations Mission, Korea.*

Precursor

Of much more value than Freud for his people is a dream book written by a Moslem healer, Ibn Sireen, said the first psychiatrist in the Sudan, Dr. Tigani el Mahi. However, the psychiatrist found a similarity between Freud and Sireen, who lived more than a thousand years ago. "Our book says that dreams are prophetic. Freud says dreams express wish fulfillment. What is prophecy but the foretelling of wishes coming true?" said Dr. Mahi, who spoke at the 1959 meeting of the American Orthopsychiatric Association in San Francisco.

When he returned to the Sudan after training in London, Dr. Mahi said he was surprised by the valid psychological insights of religious healers and medicine men in his country. He said he often referred patients to them, and they, in turn, were beginning to refer patients to him.